

Bureau of Licensure and Certification

Acquisition
11/10/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN73AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2008
NAME OF PROVIDER OR SUPPLIER AQUARIUS GRP CARE HOME INC #2		STREET ADDRESS, CITY, STATE, ZIP CODE 580 STEWART ST RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/17/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for four Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was three. Three resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	Y 000		
Y 276 SS=F	449.2175(7) Nutrition and Service of Food NAC 449.2175 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals.	Y 276		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Quintana* TITLE *ADMINISTRATOR*

(X6) DATE

10-27-08

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Y 276	Continued From page 1 This Regulation is not met as evidenced by: Based on observation on 9/17/08, the facility did not ensure outdated foods were not stored in the facility. Findings include: During a survey conducted on 3/27/08, cases containing boxes of individually packaged low carb "Pure De-Lite" cookies were being stored at the entry way to the basement. The cases were marked with "Best if Used By" dates of 11/2005 and 1/2006. The administrator indicated on the Plan of Correction that the cases of outdated cookies had been removed from the facility. On 9/17/08, there were 10 cases of the cookies with "Best if Used By" dates of 1/2006 stored in the entryways leading to the basement. None of the cookies were observed in the kitchen area. Repeat deficiency from the State Licensure survey conducted on 3/27/08. Severity: 2 Scope: 3	Y 276	Y 276 a) The "Pure De-Lite" cookies being stored at the entry way to the basement belongs to one of the renters dwelling in the basement. The cookies have never been served to the residents since the last deficiency was corrected. The renters have been notified to remove the cookies from the entry way. b) The Administrator has instructed staff to check the "Best if Used By" date on a regular basis. Also, the Administrator has informed renters to secure all personal belongings, to include food, in their rooms. c) 10/01/2008	OK DB
Y 895 SS=C	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered.	Y 895	<div style="text-align: right;"> <p>RECEIVED</p> <p>OCT 30 2008</p> <p>BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p> </div>	

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Y 895	Continued From page 2 This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility did not ensure the medication administration record (MAR) reflected the current medication order for 1 of 3 residents. Findings include: The file for Resident #1 contained doctor's order dated 9/20/07 and 4/29/08 for Lovastatin 40 milligram (mg) tablet every evening. The August and September 2008 MARs indicated the resident was to receive one 40 mg tablet of Simvastatin every evening. The resident's prescription bottle was labeled Simvastatin 40 mg, ½ tablet every evening. The caregiver reported the Veteran's Administration recently changed all their patients from Lovastatin to Simvastatin and that a lower dosage was required for the Simvastatin. The MAR did not reflect the ½ dose and the facility did not have a copy of the doctor's order for the change from Lovastatin to Simvastatin. Repeat deficiency from the 9/4/07 annual State Licensure survey. Severity: 1 Scope: 3	Y 895	Y 895 a) A copy of the doctor's orders to change Lovastatin to Simvastatin was found dated 09/02/2008 (see Attachment 1) and placed in Resident #1's file. Furthermore, the MAR was corrected in front of the surveyor on 09/17/2008 and also, placed in the resident's file. b) The Administrator will ensure that all resident files are updated and complete. Also, the Administrator will ensure that files are organized so that the surveyor can find documents with ease. c) 09/18/2008	OK DB	
Y 936 SS=E	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all	Y 936			

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Y 936	<p>Continued From page 3</p> <p>records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility did not ensure 1 of 3 residents met tuberculosis (TB) testing requirements.</p> <p>Findings include:</p> <p>The file for Resident #1 contained evidence of an annual one-step TB test completed on 9/20/07. There was no evidence of an annual TB test completed in 2008. The resident requires a two-step TB test to meet the TB testing requirement.</p> <p>Repeat deficiency from the 9/4/07 annual State Licensure survey.</p> <p>Severity: 2 Scope: 2</p>		Y 936	<p>Y 936</p> <p>a) During the survey on 09/17/2008, the Assistant Administrator had informed the surveyor that Resident #1 had already received his one-step TB test and will be completed on 09/19/2008 (see Attachment 2) which would not require a two-step TB test since it was within a year of his last TB test on 09/20/2007.</p> <p>b) There was no actual deficiency since the resident completed his yearly TB test within schedule. The Administrator ensured that all residents complete their yearly TB test.</p> <p>c) 09/19/2008</p>	
Y 940 SS=A	<p>449.2749(1)(g)(3) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to</p>		Y 940		

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Y 940	<p>Continued From page 4</p> <p>the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year.</p> <p>This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility did not ensure 1 of 3 residents had evidence of an annual activities of daily living (ADL) assessment.</p> <p>Findings include:</p> <p>The file for Residents #1 did not contain evidence of an annual ADL assessment for 2008.</p> <p>Severity: 1 Scope: 1</p>	Y 940	<p>Y 940</p> <p>a) The Administrator conducted an annual ADL assessment for 2008 and placed the form in Resident #1's file. (see Attachment 3)</p> <p>b) The Administrator is responsible to conduct the ADL assessments and will ensure that residents are assessed yearly.</p> <p>c) 09/18/2008</p>	<p>OK DB</p>	

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